

**IDAHO STATE BOARD OF ACCOUNTANCY**

PO Box 83720

Boise ID 83720-0002

Phone (208) 334-2490 Fax (208) 334-2615

E-Mail: isba@isba.idaho.gov Web Site: isba.idaho.gov**APPLICATION FOR REINSTATEMENT or RE-ENTRY**

Lapsed or Suspended licenses may be reinstated. Inactive or Retired licensees may seek re-entry. Complete this application, document 80 hours of CPE, and pay the non-refundable Reinstatement or Re-entry fee. Please contact our office for fee amount.

Applicant Name _____ **License #** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Business Phone _____ **Fax** _____ **E-mail** _____

1. While your license was Lapsed, Suspended, Inactive or Retired, did you:

Sign Financial Reports as a CPA/LPA? _____YES _____NO
Sign Tax Returns as a CPA/LPA? _____YES _____NO
Practice Public Accounting in any other manner? _____YES _____NO
Use stationery or business cards as a CPA/LPA? _____YES _____NO
Use CPA/LPA in any other manner? _____YES _____NO

2. List all other states/jurisdictions in which you have been or currently are licensed as a CPA or LPA.

Issuing State	Date Issued	License Number	Is license still in effect and in good standing?
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

3. DATE CPE HOURS BEGAN _____ **DATE CPE HOURS COMPLETED** _____

CPE must be completed during the twelve-month period **immediately prior** to the application submission date, i.e. an application submitted August 1, 2004 requires that CPE be completed between August 1, 2003 and August 1, 2004.

4. Will you be providing public accounting services in Idaho or for Idahoans?

____YES _____NO If Yes: Firm Name _____
Address _____
City, State, Zip _____

Peer Reviewed Services Offered: ☐ Audits ☐ Reviews ☐ Compilations
Non-Peer Reviewed Services Offered: ☐ Taxes ☐ Financial Statements w/o Reports

5. (A) Have you ever: been charged with; pleaded guilty, no contest or nolo contendere to; been convicted or found guilty of; or been sentenced for any felony or misdemeanor not previously disclosed to this Board in writing? (Include traffic violations if felony or misdemeanor, but not infractions, such as speeding tickets.) If yes, provide factual description including date, court involved, disposition of case, whether disposition has been fully satisfied, and name and address of the office in possession of the record of the event. ☐ YES ☐ NO

(B) Have you had an application for license denied, restricted, suspended or revoked by any state or federal agency or governing or licensing board? If yes, please provide explanation. ☐ YES ☐ NO

Statements of this application are true and correct to the best of my knowledge and belief and are made under penalty of perjury.

Dated _____ Signature X _____